



Program Announcement • Application Instructions and Forms

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Introduction

The U.S. Departments of Education, Health and Human Services, and Justice (Agencies) are collaborating on a Safe Schools/Healthy Students Initiative (the Initiative) to provide students, schools, and communities with enhanced comprehensive educational, mental health, social service, law enforcement, and, as appropriate, juvenile justice system services that promote healthy childhood development and prevent violence and alcohol and other drug abuse. These services and activities target both youth's development of the social skills and emotional resilience necessary to avoid drug use and violent behavior and the establishment of school environments that are safe, disciplined, and drug-free.

Eligible applicants are local educational agencies (LEAs) that develop a Safe Schools/Healthy Students (SS/HS) comprehensive plan, developed by a partnership comprising the LEA, local public mental health authority, local law enforcement agency, family members, students, juvenile justice officials, and community organizations, which may include faith-based organizations. Applicants must, at a minimum, address six elements:

- ☐ Element One - Safe School Environment.
- ☐ Element Two - Alcohol and Other Drugs and Violence Prevention and Early Intervention.
- ☐ Element Three - School and Community Mental Health Preventive and Treatment Intervention Services.
- ☐ Element Four - Early Childhood Psychosocial and Emotional Development Services.
- ☐ Element Five - Educational Reform.
- ☐ Element Six - Safe School Policies.

Through a single application, successful applicants will receive up to 3 years of Federal funding to support a wide variety of developmental, educational, and public safety services as they implement their Safe Schools/Healthy Students Comprehensive Plan. Annual awards will be made subject to continued availability of funds and progress achieved. Awards will be made to sites designated as LEAs (see Appendix B for definition of local educational agencies). To be funded, a LEA must be joined in its application by a local law enforcement agency and a local public mental health authority.

Awards will range from up to \$3 million for LEAs in urban areas; up to \$2 million for LEAs in suburban areas, and up to \$1 million for LEAs in rural areas and tribal school districts. Please see Appendix B for definitions of urban, suburban, and rural.

In addition, information and forms are provided in this announcement to assist applicants to apply for separate and additional funding from the Office of Community Oriented Policing (COPS), U.S. Department of Justice, for the hiring of School Resource Officers (see page 14 and Appendix D).

This application package provides applicants with the information necessary to develop a SS/HS Comprehensive Plan (along with supporting documents) that will be submitted for consideration under the Safe Schools/Healthy Students Initiative.

Background

School Safety

Promoting safe and healthy environments in which children can learn and develop is a universal goal. Fortunately, most American schools offer such an environment. At some schools, however, there are problems of crime and violence, and in some cases these problems are severe. School crime and violence put teachers and children in danger, which undermines their ability to teach and to learn. Substance abuse by students also compromises the educational climate.

Contrary to public perception, crime and violence in our schools continues to decline. *The 2000 Annual Report on School Safety* shows that since 1992, rates of serious crime, including violent crime, have steadily declined in our schools, and the number of non-fatal crimes in schools is down by more than 21 percent. The number of students who reported carrying a weapon to school decreased by 25 percent between 1993-1997. Over the 1998-99 school year, States and territories reported having expelled an estimated 3,523 students for bringing a firearm to school, down from 5,724 for the 1996-97 school year. For students aged 12 to 18, overall school crime, including theft, rape, sexual assault, robbery, aggravated assault and simple assault, decreased by nearly a third between 1992 and 1998. During this same period, there was also a significant decrease in students who reported being involved in a physical fight on school property. Students are less likely to be victims of violent crimes at school than away from school, but many still feel unsafe in school. Racial and ethnic groups differ in their perceptions of safety in school with a larger perception of black and Hispanic students than whites fearing attacks (*2000 Annual Report on School Safety*).

Recent trends are encouraging, but more work needs to be done. An environment in which students feel safe is only the beginning. A safe school environment is also one in which adults work together to provide a positive setting in which all children and youth can function and learn. Providing a positive environment, however, is not enough for the most vulnerable students. For a variety of reasons, some children need additional, targeted support at the individual level, to help them develop the pro-social skills and behavior necessary to function well in school. Resources devoted to a safe school environment must be balanced by and integrated with resources that address the needs of high-risk, individual students.

Mental Health

Mentally healthy children and adolescents enjoy a positive quality of life; function well at home, in school, and in their communities; and are free of disabling symptoms of psychopathology. A number of children in the United States, however, have mental health problems that may interfere with normal development and functioning. One in ten children suffers from mental illness severe enough to cause some level of impairment and approximately one in five children and adolescents experiences the signs and symptoms of a clinically significant psychiatric condition during the course of a year. Yet, in any given year, it is estimated that fewer than one in five of these children receives needed treatment. Unmet need for services remains as high now as it was 20 years ago.

Childhood is an important time to prevent mental disorders and to promote healthy development because many adult mental disorders have related antecedent problems in childhood. The wider human services and law enforcement communities, not just the mental health community, have made prevention a priority. Policymakers and services providers in health, education, social services, and juvenile justice have come to appreciate that mental health is inexorably linked with general health and success in the classroom, and that preventive interventions to reduce the risk of onset, or to delay onset, of adverse mental health outcomes such as depression, conduct disorder, or other disabling conditions, can have important benefits for both the student and school.

More than a generation of research has provided a solid knowledge base about the complex risk processes that lead to violent outcomes for children, families, schools, and communities. Antisocial behaviors of children and adolescents at highest risk arise from the interaction of multiple environmental and individual antecedents that begin early in the child's life. They include (1) stressful family environments, (2) lack of parenting skills, (3) alienation between family and school (and other community institutions), and (4) individual characteristics of the child that may be biologically based (e.g., irritability, impulsivity), and interfere with critical early attachment and nurturing relationships and later make the child's behavior difficult to control.

This results in the early onset of aggressive behaviors, the increase of behavior problems at home, and the continuation and escalation of problems with peers and teachers when the child reaches school age. Unless interrupted, antisocial behavior persists throughout the school career and on into adulthood. High risk intensifies in middle school and accelerates into adolescence. Risk is exacerbated by exposure to negative peer pressure and a noxious environment where few protective factors are available. These, in turn, increase the likelihood of interpersonal violence and other antisocial behavior, substance abuse, potential drug dealing, addiction, the emergence of disorders such as depression and anxiety, suicidal behaviors, academic failure, risky sexual behaviors leading to increased risk for HIV and other sexually transmitted diseases, and teen pregnancy.

The processes that increase risk for violent outcomes for children, families, schools, and communities are complex. A complex approach is therefore needed to ensure the healthy development, readiness to learn, and safety of our most vulnerable children and youth. The most promising strategies include combinations of programs and components that are coordinated and integrated across sectors. Such approaches 1) simultaneously address risk and protective factors at both the individual and environmental levels; 2) are theoretically driven; 3) are developmentally appropriate; and 4) have met high scientific standards of development and testing.

The Initiative

The Safe Schools/Healthy Students Initiative draws on the best practices of the education, justice, social service, and mental health systems to promote enhanced resources for prevention programs and prosocial services for youth. This comprehensive framework includes (1) establishing school-community partnerships; (2) identifying and measuring the problem; (3) setting measurable goals and objectives; (4) identifying appropriate research-based programs and strategies; (5) implementing programs and strategies in an integrated fashion; (6) evaluating the outcomes of programs and strategies; and (7) revising the comprehensive plan on the basis of evaluation information. (*The Annual Report on School Safety, 1998*, Chapter 2, What Communities Can Do Through Collaboration, contains a detailed discussion of this framework that can serve as a resource for developing the application. See Appendix H for information on how to obtain a copy of the report.)

In the fall of 1999, 54 community partnerships from across the Nation were awarded the first set of grants under the Safe Schools/Healthy Students Initiative. Representing urban, suburban, rural, and tribal communities, these partnerships are profiled in the *1999 Annual Report on School Safety* (www.ed.gov/offices/OESE/SDFS/publications.html). Accomplishments and challenges of 10 of the 1999 grantees after one year of operation are discussed in the *2000 Annual Report on School Safety* (www.ed.gov/offices/OESE/SDFS/publications.html).

In April of 2000, another 23 partnerships were awarded grants under the Initiative. Representing school districts in 18 States, this second cohort of grant recipients is also detailed in this year's *Annual Report on School Safety*.

Eligibility

Because the U.S. Department of Education is directed by Congress to provide targeted assistance under the Safe and Drug-Free Schools and Communities Program through competitive grants to LEAs, and because LEAs are in a position to utilize these grant funds to a greater effect in reaching a broader school population when joined by other entities, eligibility under this

Initiative is limited to LEAs that are joined in a partnership with the local public mental health authority and law enforcement agency.

Two or more rural or tribal school districts may submit a joint application if this partnership makes the best use of their comprehensive community-wide approach. A consortium of LEAs may also submit a single application; however any consortium applying for funding must designate a single LEA as the fiscal and management entity. The location of the LEA representing the consortium will affect the size of the consortium's grant award, in accordance with the maximum amount of funding applicants can receive under urban, suburban, and rural categories. A consortium will receive a single grant award and will not be eligible to receive multiple awards. Each participating LEA must sign the partnership agreement with the local law enforcement and public mental health authorities.

In addition, applicants are encouraged to provide letters of support from chief judicial officers indicating coordination of activities with juvenile justice probation agencies, juvenile justice courts, and/or family courts.

To be eligible for funding, all applicants must:

- ☐ Develop a SS/HS comprehensive plan that addresses the following six elements: (a) safe school environment, (b) alcohol and other drugs and violence prevention and early intervention programs, (c) school and community mental health preventive and treatment intervention services, (d) early childhood psychosocial and emotional development programs, (e) educational reform, and (f) safe school policies.
- ☐ The SS/HS comprehensive plan must show evidence of a partnership comprising, at a minimum, the local educational agency, local public mental health authority, local law enforcement agency, family members, students, juvenile justice officials, and community organizations, which may include faith-based organizations.
- ☐ Submit two formal agreements. The first must describe the goals and objectives of the partnership and include a delineation of the roles and responsibilities of each partner. This agreement must contain the signatures of the school superintendent, the head of the local public mental health authority, and the chief law enforcement executive adopting the SS/HS comprehensive plan, and commitments by each to accomplish all objectives.

The second written agreement must describe the procedures to be used for referral, treatment, and follow-up to the specialty mental health system for children and adolescents with serious mental health problems. This agreement must be signed by the school superintendent and the head of the local public mental health organization.

- ☐ Provide documentation of the community need and available resources as follows:
 - Baseline assessment of risk factors among students, such as (a) students engaged in alcohol and drug use and violent behavior; (b) incidence and prevalence of alcohol and drug use by youth; (c) prevalence of weapons in schools; (d) incidents of serious and violent crime in schools; (e) truancy and other unauthorized absences; (f) suicidal behaviors; (g) student suspensions and expulsions for drug use or violent behavior; (h) students on probation; (i) students in juvenile justice placements; (j) students in foster care and child protective services; (k) students with emotional and behavioral disorders; (l) children abused and neglected; and (m) school attendance and performance.
 - An assessment of community risk factors such as (a) socioeconomic conditions as measured by the percentage of families at or below the poverty level and percentage of students receiving free and reduced meals at school; (b) population turnover; (c) racial and ethnic heterogeneity; (d) housing density; (e) household composition; (f) crime and delinquency rates including domestic violence, rape; and (g) suicide rates.
 - An assessment of resources and services available to students and their families, such as (a) number of afterschool programs; (b) number of youth served by programs to build social skills; (c) number and quality of community mental health and social service organizations available to provide services to children, adolescents, and families; (d) number of youth participating in academic readiness programs; (e) number and types of early intervention services and programs; (f) number and types of law enforcement prevention programs; (g) number of substance abuse programs; (h) presence of a community anti-drug coalition; and (i) number and types of peer mediation and community mediation programs.
- ☐ Provide for mental health services to all students in the SS/HS comprehensive plan.
- ☐ Show that Federal regulations regarding possession of firearms and reporting of firearm offenses to appropriate law enforcement officials and regulations regarding tobacco use are being enforced.
- ☐ Provide documentation (charter, publications, meeting minutes, etc.) of the existing partnership in operation that will be enhanced and expanded. Documentation should be included in an appendix.
- ☐ Provide a local plan for evaluating the communitywide strategy and agree to set aside sufficient funds (no less than 7 percent of the project budget) to fund a local evaluator to assist with a range of evaluation activities.

- ☐ Agree to participate in national evaluation activities of the Initiative.

Target Population

The target populations for this program are preschool and school age children, adolescents, and their families, who are at risk of being involved in violence as perpetrators, victims, or witnesses.

The SS/HS Comprehensive Plan

Under 34 CFR 75.105(c)(3); the Safe and Drug-Free Schools and Communities Act; and Public Laws 106-554 and 106-553 enacted December 21, 2000, the Secretary of Education, with the Secretary of Health and Human Services and the Attorney General, gives an absolute preference to applications that meet the priority of implementing and enhancing comprehensive community-wide strategies for creating safe and drug-free schools and promoting healthy childhood development.

Applicants proposing a project under this priority must demonstrate how the funds they are requesting support or enhance a comprehensive, integrated strategy for an entire school district that includes, at a minimum, the following six elements: (1) safe school environment; (2) alcohol and other drugs and violence prevention and early intervention; (3) school and community mental health preventive and treatment intervention programs; (4) early childhood psychosocial and emotion development services; (5) educational reform; and (6) safe school policies. In circumstances where implementation of the strategy for an entire school district is not possible, applicants must provide a full explanation of how the chosen schools will receive services under all six elements of the plan, and why district-wide implementation is not feasible or appropriate.

The critical feature of the Initiative is the linking and integration of existing and new services and activities into a comprehensive approach to violence prevention and healthy development that reflects the overall vision for the community -- the Safe Schools/Healthy Students Comprehensive Plan.

Applicants are encouraged to develop a communications plan, integrating social marketing (see Appendix B for definition) principles that are in concert with the community-based, integrated Safe Schools/Healthy Students approach. The plan should include strategies for determining the following: need(s) of target audiences; developing appropriate communication messages, materials and activities, and ensuring an appropriate implementation and dissemination plan. The plan should be integrated with the basic elements of the Safe Schools/Healthy Students Initiative, be community-based and culturally competent, and be developed in collaboration with the messages and social marketing strategies employed by the larger Safe Schools/Healthy Students Initiative.

Eligible Activities

Eligible activities for this Initiative may include, but are not limited to, implementing programs such as: nurse home visitation for prenatal and early childhood services for high-risk mothers and their children; family strengthening; conflict resolution; life skills training; school-based drug curricula; staff professional development; afterschool activities; mentoring; teen courts and other youth development activities; truancy prevention and alternative education; hiring School Resource Officers (with funds from COPS); and purchasing equipment and security services. The aforementioned listing is not intended to be exhaustive, but rather illustrative. For resources to locate other programs and activities that can be funded under this Initiative, see Appendix H.

Federal funds can be used to support all or some of the activities described in the SS/HS comprehensive plan. If Federal funds will be used to support only some of these activities, the others may be funded from different sources. However each SS/HS comprehensive plan must describe the six elements defined below, including the activities that will be carried out during the grant period for each element and the manner in which the activities will be integrated in a comprehensive approach. Applicants that do not request funds for certain activities under any one or more elements must explain how these needs will otherwise be met during the grant period.

The six elements of the SS/HS comprehensive plan are as follows:

1. Safe School Environment

The following are examples of school safety activities that may be supported with SS/HS grant funds: (1) building a partnership with local law enforcement; (2) redesigning the school facility; and (3) developing and implementing security measures. ***The combined allocation to implement activities under redesigning the school facility and school security measures may not exceed 10 percent of the proposed budget for this element in each budget period.***

School Facility Design

A school's physical plant influences whether and where crime will occur. Schools can be designed to limit access of unauthorized persons, increase the ability of school staff to visually supervise all areas of the school facility, and reduce crowding. Schools should be built with security in mind, but existing schools can make changes to their buildings to increase safety. Installing adequate lighting and breakproof doors and window locks, minimizing private storage areas, and eliminating removable ceiling panels are important safety measures all schools can adopt. The key is to make the school environment safer and more conducive to learning and to use space constructively without creating a restrictive environment.

As a rule, construction costs are not allowable. However in some cases, minor repairs or renovations to redesign classroom space and to set up portable classrooms may be allowable.

Applicants proposing to fund activities under this element must include in their completed application an appendix that addresses the requirements described in Appendix E.

School Security Measures

In some schools, obvious security measures are needed to ensure safety. School security measures include installing security devices, conducting random inspections, and providing students and staff with identification cards.

Relying heavily on security devices like metal detectors without adequate staffing and training will have limited impact in the absence of a comprehensive approach and can have a negative impact on the mental health of children and youth. Security involves careful attention to training, searching for and closing any security gaps, improving communications, testing security devices and procedures, performing maintenance, and updating technology.

School staff, students, and consultants can assist in preventing and reducing crime by conducting security assessments; providing staff development programs; developing crisis preparedness guidelines; understanding the developmental needs of children and risk factors existing in the child, family, school, and community; understanding the value of protective factors; identifying security equipment needs (such as metal detectors and surveillance cameras); designing enforcement and investigation techniques; and enhancing links with community officials and families.

Applicants proposing to fund activities under this element must include in their completed application an appendix that addresses the requirements described in Appendix E.

2. Alcohol and Other Drugs and Violence Prevention and Early Intervention

Substance abuse and violence are complex human behaviors often related to other factors in the home or the wider community. Early intervention and prevention activities are more likely to be successful when efforts directed at altering individual behavior are developmentally appropriate, evidence-based, and directed at altering the environment. Environmental strategies can be social, legal, cultural, and economic. Often, these strategies are designed to change community, school, and peer norms.

Schools have been primarily responsible for developing and implementing curricula and instructional programs to address alcohol and other drug abuse, violence, and many other problems young people face. Although curricula and instructional programs have been important and necessary, they are insufficient alone.

To prevent or reduce rates of substance abuse and violent behavior among youth and improve their mental health, school-based early intervention and prevention programs need to be coordinated with broader environmental and other strategies that address change not only at the

individual, classroom, and school levels, but also at the family, community, and societal levels. Coordinated strategies should do the following:

- Involve families and communities that represent the target population in the design and delivery of mental health, early intervention, substance abuse, and violence prevention programs and ultimately encourage community ownership of these programs.
- Re-shape attitudes and beliefs regarding mental health, substance abuse, and violence.
- Create or enforce existing laws and regulations designed to limit or prohibit substance abuse and violent behavior.
- Provide alternatives to substance abuse and violence through social and recreational activities and mentoring in a developmentally appropriate manner.
- Provide services to prevent alcohol and drug use and violence, and provide early interventions to promote the healthy development of children and youth.
- Provide training and consultation to school personnel.
- Provide supportive services to families, such as family strengthening programs.

Recognizing the importance of the family is critical. A number of studies support the conclusion that family functioning variables have an early and sustained impact on family bonding, conduct disorders, school bonding and adaptation, choice of peers, and later delinquency in youth (Kumpfer, 1999). According to a recent analysis of 8,500 high risk youth, the strongest pathway protecting youth from drug use involves positive family relations, leading to improved supervision and monitoring, and anti drug family and peer norms. Hence, research suggests that family interventions aimed at improving parenting practices and the family environment can be effective in reducing later youth problem behaviors and alcohol and drug abuse.

Such strategies demand that schools reach out to collaborate with families and other agencies, such as social service, juvenile justice, law enforcement, and recreational ventures to create prevention programs. These strategies also must be designed according to the culture and language needs of the populations served based on gender, race/ethnicity, disability, and other relevant factors.

Applicants requesting SS/HS grant funds to pay for activities under this element must indicate the level of evidence met by proposed programs. Information on evidence-based interventions appears in Appendix B.

3. School and Community Mental Health Preventive and Treatment Intervention Services

Many children and adolescents have mental health needs but are unable to access appropriate high-quality mental health services. Such children are frequently victims of violence (such as

child abuse, sexual abuse, and/or assault) and witnesses to violence (including domestic violence, school violence, and community violence). They may also include children and adolescents with conduct disorder and related problems, who exhibit aggressive antisocial behavior or who abuse drugs. Other children who suffer from depression are at increased risk for suicide or self-inflicted violence but may not have easy access to appropriate mental health services and may not have been identified as in need of services.

Schools traditionally have not had sufficient resources to help identify children and adolescents who have experienced violence as witness, victim, or perpetrator—or who are at risk of violence and negative mental health outcomes—to ensure that they receive the services and other assistance that they need. The mental health element of the comprehensive plan must address the evidence-based activities schools and their partners will engage in to assure that children at risk of emotional and behavioral problems receive appropriate mental health preventive and treatment services. Because the Initiative has a strong prevention emphasis, schools and their partners must provide mental health preventive services early to reduce risk of onset or delay the onset of adverse mental health outcomes.

At the same time, the mental health services component may identify children and appropriate responses to those children who already have a serious emotional disturbance. Schools need to ensure that appropriate referral, treatment, and follow-up mechanisms are coordinated with a local public mental health. For this reason, this Initiative requires a formal arrangement between school and public mental health entities concerning delivery of mental health services for children and adolescents with more serious mental health problems, in addition to specific, school-based preventive and early treatment intervention services. This approach is intended to ensure a complementary relationship between the mental health service delivery system and school-based services. In all cases, schools should plan their programming to ensure active participation in both delivering and receiving mental health services and support.

SS/HS grant funds are not intended to supplant the financial resources already dedicated to improving student mental health services under the Individuals with Disabilities Educational Act (IDEA). Rather, SS/HS funds are intended to leverage and coordinate mental health services.

At a minimum, schools being served under this grant must: (1) provide screening and assessment in the school setting; (2) provide appropriate school-based mental health prevention and early intervention services for at-risk children and adolescents and their families; and (3) provide referral and follow-up with local public mental health agencies when indicated, consistent with the written agreement between the schools and the local public mental health organization. Proposed treatment activities need to address the hiring of providers, e.g., school psychologists, and the specific preventive and treatment interventions these providers will use, if necessary. It is intended that this Initiative will also support enhanced integration, coordination, and resource sharing of mental health and social service providers in schools and other community-based programs.

Applicants proposing to use SS/HS funds to pay for activities under this element must include in their completed application an appendix that addresses the requirements described in Appendix F, and indicate the level of evidence met by proposed programs. Information on evidence-based interventions appears in Appendix B.

4. Early Childhood Psychosocial and Emotional Development Services

Preventive and treatment intervention programs focused on positive development of mental and physical health early in a child's life have enormous potential for buffering the negative impact of multiple environmental and individual risk factors and interrupting the cycle of violence for high-risk children and families. For example, intensive prenatal and early childhood nurse home visitation services for high-risk mothers and their children have been shown to have strong beneficial effects up to 15 years following the intervention, including reduced rates of child abuse, interpersonal violence, delinquency, and substance abuse (Olds et al., 1998). Such programs, as part of a continuum of early childhood services for high-risk families with children not yet enrolled in school, can bolster resilience to adversity and help children enter school with the necessary skills for prosocial behavior and academic success.

Young children spend their days at home with family members, in family day care homes, in preschools or Head Start, and increasingly in child care programs. However, large numbers of very young children are entering early childhood settings without the emotional, intellectual, and social readiness skills needed to negotiate life issues. For children and families with more significant problems (e.g., families who are impacted by substance abuse, mental illness, or violence), high-quality intensive programs can have immense benefits in the long run.

Under this element, the Initiative will support evidence-based activities that make available a core network of services and supports to high-risk families with young children not yet enrolled in school, and to high-risk mothers prior to the birth of the child. Such activities should represent a continuum of family-focused preventive and treatment services that will enable young children to enter school ready to learn and should be an integral part of the overall comprehensive strategy proposed by the SS/HS partnership. Examples of such services may include prenatal physical and mental health home visitation by nurses, integrated physical and mental health services for mothers and infants following birth (e.g., developing parenting skills, fostering relationship building between infant and mother), family support opportunities for families whose children are in child care programs, case consultation, crisis intervention, integrated therapy, and help for caregivers and teachers to work collaboratively with families to address the social and emotional needs of children. Since access to families with infants and toddlers may be complex because younger children are not yet enrolled in school, proposed activities should include ways to overcome barriers to identifying and serving families in need.

Applicants proposing to fund activities under this element must include in their completed applications an appendix that addresses the requirements described in Appendix F, and indicate the level of evidence met by proposed programs. Information on evidence-based interventions appears in Appendix B.

5. Educational Reform

Successful schools promote learning, safety, and socially appropriate behaviors; they have a strong academic focus, support students in achieving to high standards, foster positive relationships, promote meaningful parental and community involvement, and recognize the social and emotional needs of students. Conversely, certain school factors are conducive to disorder, crime, and violence. Characteristics of school environments not conducive to learning include overcrowding, high student/teacher ratios, curricula and courses that are not sufficiently relevant to student needs, low student academic achievement, apathy, over-reliance on portable classrooms that increase isolation and hamper communication, use of inappropriate disciplinary actions, and failure of adults to respond promptly and appropriately to problems.

The plan for educational reform should describe steps applicants are taking to address the following: (1) high standards for all students and the creation of an environment conducive to learning; (2) reductions in class size; (3) use of technology in the classroom, particularly access to the Internet; (4) talented, trained, and dedicated teachers in the classroom; (5) expanded after-school learning opportunities; (6) provision of alternatives to typical disciplinary actions, including interventions that teach positive behavior; and (7) the elimination of bullying and other forms of harassment.

Aspects of educational reform that may be eligible for funding as part of this Initiative are: (1) staff training, if the training focuses on knowledge and skills needed to maintain order and discipline, the prevention of bullying and other harassing behaviors, or the infusion of drug and/or violence prevention education into classroom teaching and school activities, and (2) expanded after-school programs. Applicants are encouraged to coordinate resources and activities funded under this Initiative with Elementary and Secondary Education Act Title I and other programs to link school reform with the creation of safe and drug-free schools.

Applicants requesting to use SS/HS grant funds to pay for activities under this element must include in their completed application an appendix that addresses the requirements described in Appendix E.

6. Safe School Policies

Although schools are generally among the safest places for young people, safety is enhanced by school-wide policies and practices that systemically address the needs of students, school personnel, and the community. Applicants should describe the policy components of their SS/HS comprehensive plan with particular reference to (1) clear standards of student behavior, which consider the social and emotional needs of children; (2) a discipline code based on respect that is widely understood by parents, teachers, and students; (3) penalties that are imposed fairly and equitably and are commensurate with the severity of the infraction and provide alternative interventions that teach positive behaviors; (4) zero tolerance for firearms on school grounds; (5)

policies and programs that address truancy; (6) policies and programs that address the needs of students being reintegrated from the juvenile justice system; (7) management information systems for reporting and analyzing violent and noncriminal incidents; and (8) policies and procedures to ensure that parents and the larger community are welcome in the school and have opportunities for meaningful participation in planning and carrying out the school's safety policies.

Applicants requesting to use SS/HS grant funds to pay for activities under this element must include in their completed application an appendix that addresses the requirements described in Appendix E.

School Resource Officers

Many communities are discovering that trained, sworn law enforcement officers assigned to schools make a positive difference in promoting a safe learning environment. The presence of these officers may provide a dual purpose: (1) schools benefit from onsite security and a direct link to local law enforcement agencies, and (2) law enforcement agencies are given an opportunity to participate in a joint problem-solving approach with LEAs in addressing school and community violence. Community policing officers typically perform a variety of functions within the school. Also known as School Resource Officers (SROs), they combine the functions of law enforcement and education: they teach crime and substance-abuse prevention classes, engage students in developmentally appropriate (see Appendix B for definition) social and recreational programs, and build mutual respect between law enforcement and students. This Initiative provides funds for law enforcement agencies to hire SROs. It provides an incentive for law enforcement agencies to build new and sustain existing working relationships with schools to use community policing efforts to reduce school violence. Funds will be available to provide for a designated portion of the salary and benefits for each new officer. Applicants proposing to hire SROs as part of their strategy, and wish to apply for Federal funds to do so, must complete the COPS forms in Appendix D and submit them with their Safe Schools/Healthy Students application. COPS funding must be used to hire new, additional SROs, over and above the number of sworn officers that the law enforcement agency would fund with state or local funds in the absence of the grant (including other SROs). The law enforcement agency may not reduce its state or locally funded level of sworn officers (including other SROs as a result of applying for or receiving COPS funding).

The COPS in Schools program grants provide a maximum Federal contribution of up to a cap of \$125,000 per officer, with the remainder to be paid with local funds. There are no waivers of the local match under the COPS in Schools grant program. All budget calculations must be based on the salary of an entry-level officer in a department. In addition, all grant recipients must develop a written plan to retain their COPS-funded officer positions at the conclusion of federal funding. This plan must be signed by the law enforcement executive and the appropriate government

executive (e.g. city manager, mayor) and submitted with the SS/HS application to be considered for funding.

The COPS application must also include a formal agreement that documents the roles and responsibilities of the collaborative effort between law enforcement and education. The agreement must be signed by the law enforcement executive and the appropriate school official and must be submitted at the time of application to be considered for funding. The COPS application must also include a narrative addendum to document that the School Resource Officers will be assigned to work in and around primary or secondary schools, and provide a descriptive narrative of the use of SROs.

COPS In Schools funding may also be used to rehire sworn officers previously employed by an agency who have been laid off for financial reasons unrelated to the availability of the COPS In Schools grant. Agencies must obtain prior written approval from the COPS Office, however, if COPS In Schools funding will be used to rehire any officer who is laid off after the official award start date of the COPS In Schools grant.

This Initiative seeks applications that will help agencies solve school-related problems beyond the life of the grant. Anticipated project outcomes include: (1) increased ability of policing agencies, schools, and community groups to work together in developing innovative, systematic, long-term approaches to increasing and maintaining a nonviolent school environment and reducing and preventing different kinds of crime and disorder in and around their schools; (2) measurable impacts on crime and disorder problems, an improved quality of life for those affected (students, teachers, school personnel, parents), and decreased fear of crime and violence among students, school employees, and community members; and (3) an increased body of knowledge for communities, criminal justice researchers, and practitioners on creative approaches being employed by schools and communities to address school-related crime problems.

Applicants should address the following components:

- Community policing strategies to be used by School Resource Officers. Examples include conflict/dispute resolution, at-risk intervention, mentoring activities, gang mediation, problem-solving projects, and truancy programs.
- Proposed qualifications, experience, and level of commitment of personnel to work with the target population. Examples include the amount of dedicated officer hours deployed to school activities, the duration and quality of the proposed program, evidence of previous successes, and a description of the impacted or targeted areas.
- Link to community policing. Agencies seeking funding must provide information on how the proposed activities under the program link to their overall organizational community policing strategy.

Applicants requesting to use COPS in Schools funds to hire School Resource Officers must include in their completed application an appendix that contains the forms in Appendix D.

Evaluation

A strong, ongoing evaluation process within and across grantee communities is critical to the achievement of SS/HS goals and objectives. All sites will be required to carry out a local evaluation within their community. As an integral component of the Initiative, the purpose of the local evaluation is to provide timely information for strategic planning, measuring progress, making programmatic adjustments, and keeping each project focused on the Initiative's overall objective of promoting healthy childhood development and preventing violence and alcohol and other drug abuse. Equally important, information from a well-conducted evaluation is an important tool in sustaining the SS/HS effort after Federal funding has ended. In addition to a local evaluation within the community, and contingent upon the availability of additional Federal support, grantees will participate in cross-site evaluation efforts as members of an evaluation consortium. The following sections describe in more detail the expectations for SS/HS evaluation activities.

Local Evaluation

At the local level, applicants must demonstrate a strong commitment to making evaluation an integral part of their SS/HS planning and implementation activities. Specific procedures to be used in evaluating their goals and objectives must be described in the application, including how progress on each of the required SS/HS elements will be measured. All SS/HS sites will be required to set aside sufficient funds for evaluation. Based on previous experience, a minimum of 7 percent of the project budget is required; more is strongly encouraged. Applicants are encouraged to join with a local university, research organization, or other appropriate entity to assure a sound evaluation.

The local evaluator should be a core member of the local SS/HS team, and play a central and critical role in fostering communication among partners, facilitating data-driven decisions, addressing systemic change, and providing information on outcomes of interest for sustainability after Federal funding has ended.

Each grantee community will conduct a site-specific evaluation to document and assess development and implementation of its comprehensive, integrated program. The evaluation must address the elements of this Initiative, and include how well the program(s) and/or services are implemented, how closely the implementation matches the comprehensive community-wide strategy's goals, and how much of the program(s) and/or services participants actually receive.

The primary responsibilities of the local evaluator may include, but are not limited to, the following:

- As a core member of the local SS/HS team, work with the site to strategically plan activities that will achieve the program goals and objectives.
- Design and implement a process evaluation of the overall local program. The purpose of the process evaluation is to describe how program activities were implemented and whether goals and objectives were met.
- Provide the site with data that can be used to make adjustments in service delivery and improve the overall local SS/HS program.
- Design and implement a process evaluation of local adaptation and fidelity of implementation of selected evidence-based programs.
- Design and conduct an outcome evaluation. The purpose of this evaluation is to determine whether specific, evidence-based intervention packages are producing their intended effects in targeted SS/HS populations.
- Pending availability of additional federal support, evaluation consortia will be established that will seek the participation of sites to collaborate with consortium activities to ensure the collection of high-quality cross-site data.

Evaluation Consortia

Depending on the availability of additional federal support, cross-site evaluation consortia will be formed after grant awards have been made. For example, consortia might be regional or they might be based on urbanicity, activities, or other characteristics. Each consortium will include several grantee communities.

Communities will participate directly in the design and execution of cross-site evaluation activities, including the development of research questions, research methodology, selection of a common protocol, data analyses, and reporting. Pending availability of additional federal support, a data coordination center will be selected through a separate process to provide

technical and logistic support, data management, and assistance for evaluation consortia.

Review Process

Applications submitted will be reviewed for technical merit in accordance with specific review procedures established for this Initiative. Applicants that meet all eligibility criteria and submission requirements will be evaluated and rated according to the criteria outlined below by a peer review panel that represents the agencies collaborating in this Initiative.

Review Criteria

Applications will be judged using the following project requirements and review criteria.

Problems to be Addressed (15 points)

These criteria will be used to assess the extent to which the application is based on a clear and accurate statement of a significant problem faced by the target community, including the following:

- ☐ The magnitude or severity of the problems to be addressed by the proposed strategy.
- ☐ The extent to which existing gaps in services and resources exist, the magnitude of those gaps and weaknesses, and the extent to which the community is ready to improve current conditions.
- ☐ The factual basis for the problem statement, based on data including, at a minimum but not limited to, the rates of the following:
 - Students engaged in alcohol and drug use and violent behavior.
 - Incidence and prevalence of alcohol and drug use by youth.
 - Prevalence of weapons in schools.

- Incidents of serious and violent crime in schools.
 - Truancy and other unauthorized absences.
 - Suicidal behaviors.
 - Student suspensions and expulsions.
 - Students on probation.
 - Students in juvenile justice placements.
 - Students in foster care and child protective services.
 - Child abuse and neglect.
 - School attendance and academic performance data.
 - Students with emotional and behavioral disorders.
- ❑ Evidence of community risk factors that may contribute to youth violence, drug use, and delinquency such as the following:
- Socioeconomic conditions as measured by the percentage of families at or below the poverty level and percentage of students receiving free and reduced price lunch at school.
 - Population turnover.
 - Racial and ethnic heterogeneity.
 - Housing density.
 - Household composition.
 - Crime and delinquency rates including domestic violence and rape.
 - Suicide rates.
 - Violent crime victimization rate for youth under the age of 18
- ❑ The extent to which the problem statement includes an assessment of the community resources available for children and adolescents, including:
- Number of afterschool programs.
 - Number of youth served by programs to build social skills.
 - Number and quality of community mental health and social service organizations available to provide services to children, adolescents, and families.
 - Number of youth participating in academic readiness programs.
 - Number and types of early intervention services and programs.
 - Number and types of law enforcement prevention programs.
 - Number and quality of substance abuse prevention programs.
 - Presence of a community anti-drug coalition.
 - Presence of community mediation or victim-offender mediation programs.
- ❑ Extent of community readiness to collaborate and improve current conditions.

Goals and Objectives (10 points)

In assessing the goals and objectives of the proposed comprehensive plan, the following factors are considered.

- ☐ The extent to which the goals and objectives for the proposed strategy are clearly defined, measurable, and attainable.
- ☐ The extent to which the proposed strategy will meet the established goals and objectives and lead to healthy childhood development and positive mental health and to safe, disciplined, and alcohol and drug-free learning environments.
- ☐ The extent to which the objectives identified are related to measurable action steps needed to achieve the goal(s).

Design of Proposed Strategy (30 points)

In assessing the design of the proposed strategy, the following factors are considered.

- ☐ Extent to which the proposed strategy represents a comprehensive network in which each element of the Safe Schools/Healthy Students Initiative is addressed and incorporated in an integrated fashion.
- ☐ Extent to which the strategy and programs are appropriate for the age and developmental levels, gender, and ethnic and cultural diversity of the target population, and demonstrates the ability to engage and respond to the needs of identified ethnic/racial minority populations.
- ☐ Extent to which the application clearly describes the programs, activities, and services that comprise the proposed strategy.
- ☐ For Elements 2, 3, and 4 of the comprehensive plan, the extent to which the proposed programs meet criteria for high levels of evidence that they are effective and do no harm. (Up to 10 points out of the maximum 30 points for this criterion will be used to assess the strength of the applicant's design for these elements); (See Appendix B for definition of "evidenced-based" and levels of evidence.);
- ☐ Extent to which the proposed strategy will be coordinated with similar or related community, State, and Federal efforts and will establish linkages with other appropriate agencies and organizations providing services to the target population.
- ☐ Potential for continued support of the strategy after Federal funding ends, including, as appropriate, demonstrated commitment of appropriate entities to such support.
- ☐ The extent to which the implementation process is adequately documented.

- ☐ The extent to which the program selected is designed to help meet the goals and objectives of the community's comprehensive plan.

Evaluation Plan (15 points)

In determining the quality of the evaluation plan, the following factors will be considered:

- ☐ Extent to which the evaluation plan provides detailed information for increasing the effectiveness of management and administration of the comprehensive plan, documents that objectives have been met, and determines the overall effectiveness of the plan, its programs and strategies.
- ☐ Extent to which the proposed methods of evaluation are thorough, feasible, and appropriate to the goals, objectives, and outcomes of the proposed comprehensive plan.
- ☐ Adequacy of the identified performance measures to demonstrate whether and to what extent the proposed strategy is meeting its short-term, intermediate, and long-term objectives.
- ☐ Adequacy and appropriateness of the plan to collect data related to violence from a variety of sources such as mental health services, social services, schools, law enforcement agencies, and the juvenile justice system.
- ☐ Extent to which the methods of evaluation plan address data needs for sustainability of the SS/HS comprehensive plan after Federal support has ended.

Management and Organizational Capability (20 points)

In determining the quality of management and organizational capability, the following factors are considered:

- ☐ Level of commitment proposed by the written agreements signed by the school superintendent, the head of the local public mental health authority, and the chief law enforcement executive, and written agreements with other community partners.
- ☐ Relevance and demonstrated commitment of each partner in the proposed strategy to the implementation and success of the strategy, and how they will participate in the proposed project.
- ☐ Adequacy of the management plan to achieve the objectives of the proposed project on time and within budget, including clearly defined responsibilities, timelines, and milestones for accomplishing project tasks.

- ☐ Adequacy of procedures for communicating and sharing information among all partners to ensure feedback and continuous improvement in the operation of the proposed comprehensive plan.
- ☐ Skills, experience, time commitments, and educational requirements of key staff and relevance to the objectives of the proposed strategy.
- ☐ Extent to which staff qualifications and training represent diverse and relevant experience in engaging and providing services to underserved, underrepresented, and/or diverse racial/ethnic groups.

Budget (10 points)

In determining the quality of the budget, the following factors will be considered:

- ☐ Extent to which costs are reasonable in relation to the number of students to be served and to the anticipated benefits and results.
- ☐ Extent to which fiscal control and accounting procedures will ensure prudent use, proper and timely disbursement and accurate accounting of funds received under the grant.

Submitting Your Application

All applicants are required to submit one original (signed in black ink) and four copies (unbound). All pages should have printing on only one side. All pages of the application, including the appendices, must be numbered. **The program narrative section cannot exceed 30 double-spaced, pages using a standard font no smaller than 12-pt, with 1-inch margins (top, bottom, left, and right).** Do not attach anything to the application that cannot be photocopied using an automatic process, i.e., anything stapled, folded, pasted, or in a size other than 8 1/2 x 11 inches on white paper.

To be considered for funding, applications must be received no later than 5:00 P.M. Eastern Standard Time (EST) on **July 16, 2001**. Postmark dates will not be accepted. Applications received after 5:00 P.M. EST will not be submitted for review. The closing date and time applies to mailed and hand delivered applications. To ensure prompt delivery please adhere to the following guidelines:

Applications sent by mail - Use registered or first-class mail and send to the following address: Office of Juvenile Justice and Delinquency Prevention, c/o Juvenile Justice Resource Center, 2277 Research Boulevard, Mail Stop 2K, Rockville, MD 20850; (301) 519-5535. In the lower left-hand corner of the envelope, clearly write "Safe Schools/Healthy Students Initiative."

Applications sent by overnight delivery service - Allow at least 48 hours for delivery. Send to the following address: Office of Juvenile Justice and Delinquency Prevention, c/o Juvenile Justice Resource Center, 2277 Research Boulevard, Mail Stop 2K, Rockville, MD 20850; (301) 519-5535. In the lower left-hand corner of the envelope, clearly write "Safe Schools/Healthy Students Initiative."

Applications delivered by hand - Deliver by 5:00 P.M. EST, **July 16, 2001** to the Office of Juvenile Justice and Delinquency Prevention, c/o Juvenile Justice Resource Center, 2277 Research Boulevard, Mail Stop 2K, Rockville, MD 20850; (301) 519-5535. Hand deliveries will be accepted daily between 8:00 a.m. and 5:00 p.m. EST, excluding Saturdays, Sundays, and Federal holidays. Entrance to the building will require proper photo identification.

Application Contents

A complete application comprises the following documents in the order specified:

Title Page. Use Standard Form 424 "Application for Federal Assistance."

Standard Form 424, or a reasonable facsimile, must be completed in accordance with the instructions provided in Appendix C of this application package.

Assurances, Certifications, and Disclosure. Assurances, certifications, and disclosure forms are included in this application package. These forms must be reviewed, signed on the last page by the individual identified in Item 18a of the Standard Form 424, and submitted with the application. Failure to submit the signed assurances, certifications, and disclosures will delay any possible award.

Copies of the following forms that address assurances, certifications are available in Appendix C of this application package:

- ED Form 424B (Assurances) includes a list of assurances that govern the use of Federal funds for federally assisted projects in Appendix C.
- ED Form 80-0013 (Certifications Regarding Lobbying; Debarment, Suspension, and Other Responsibility Matters; and Drug-Free Workplace Requirements)

commits the applicant to compliance with certification requirements in Appendix C.

- Standard Form LLL (Disclosure of Lobbying Activities) is pursuant to Title 31 U.S.C. Section 1352 requested in Appendix C. Filing a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, or a member of Congress in connection with a covered Federal action. **NOTE:** This form is not required if there are no lobbying activities to disclose.
- (3) **Table of Contents.** The table of contents should identify the page number for each of the major sections of the program narrative portion of the application, in addition to each appendix.
- (4) **Abstract.** The Project Abstract, limited to 200 words, highlights key points of the proposed project. The abstract should briefly present the project's goals and how the applicant intends to accomplish them. The applicant's name (as shown in item 1 of Form 424) and title (as shown in item 13 of the same form) should be clearly marked on this page.
- (5) **Program Narrative.** The application's program narrative is the body of the Safe Schools/Healthy Students comprehensive plan. It should provide details of the integrated, comprehensive community-wide strategy developed by the LEA and its partnering agencies. It should provide a comprehensive framework and description of all aspects of the proposed project. It should be written in a manner that is self-explanatory to reviewers unfamiliar with the prior related activities of the applicant. It should be succinct and well organized, use section labels that match those provided in the table of contents, and must contain all the information necessary for reviewers to understand the proposed project. *Please follow the format headings and sequencing listed in the review criteria. Applicants should carefully review this section for a discussion of the selection criteria and required information.*
- (6) **Determining Your Urbanicity.** The definitions of rural, suburban, and urban are based upon school locale codes utilized by the National Center for Education Statistics (NCES) Common Core Data (CCD) Public School Universe Data Information. These locale codes were systematically assigned by the Geography Division, Bureau of the Census. Codes were assigned based on the classification of the area in which each district is located. This was done by matching addresses from the CCD School Universe Survey to the U.S. Census Bureau's City Reference File. For purposes of this Initiative, Urban districts are those with a locale code of Large City or Mid-Size City; Suburban districts are Urban Fringe of a Large or Mid-Size City; and Rural districts are those with a locale code of Large Town, Small Town or Rural.

To determine your urbanicity, you must know your district locale code. The National Public School and School District Locator will enable you to find the correct locale code for your district, as reported to NCES by state education officials in each state for school year 1998-99. The Locator is available online at the following URL:

<http://nces.ed.gov/ccdweb/school/index.asp>

Please state your locale code and urbanicity (urban, suburban, rural or tribal) in box “13” on the ED Standard Form 424.

If your district is not in the District Locator, please contact the Safe and Drug-Free Schools Program at (202) 260-3954 for assistance.

- (7) Budget Summary worksheets and Budget Narrative. (Note: This section will not be counted toward the total page limitation for the program narrative portion of the application.)

The Budget Summary (ED Form 524) is required in the application package to translate the program narrative into dollars. Please follow the instructions contained on this form for each cost category for which you request funding. You are required to provide a line item budget with narrative to support the first project year's costs and for each subsequent year. The budget and narrative *must* be divided into separate sections that correspond to the six elements of the comprehensive plan. Both direct and indirect costs should be allocated within these sections. **DO NOT CREATE MORE THAN SIX BUDGET SUMMARY WORKSHEETS (one for each element).** If there are costs that can be associated to more than one element, such as personnel, administrative, evaluation, or technical assistance costs, you should divide the total of these costs by the number of elements that you are implementing and place the prorated amount in each element under the appropriate budget category.

In each budget year applicants must include funds for travel and expenses for the Project Director and law enforcement and mental health partners to attend the Annual Safe Schools/Healthy Students conference. Applicants are permitted to budget for up to two additional participants. Applicants that budget for these additional participants should consider providing funds to cover the travel costs for the local evaluator.

Applicants are strongly encouraged to use the provided budget worksheet and the outlined format. Applicants are also encouraged to use a computer spreadsheet program, such as Microsoft Excel or AppleWorks, to assist with budget calculation.

- (8) **Appendices.** (Note: The Appendices do not count toward the total page limitations that apply to the program narrative.)

The appendixes may include *only* the items specified in these instructions. The appendixes *must not* be used to extend or replace any of the required sections of the application's program narrative portion. Appendixes must be clearly labeled and all pages must be numbered continuing in sequence from the last page of the program narrative. The following appendixes must be included:

- Appendix I: Agreement of LEA, Mental Health, and Law Enforcement
- Appendix II: Agreement between LEA and Mental Health
- Appendix III: Current Comprehensive Plan and Letters of Coordination/Support
(Note: As evidence of current collaboration, the applicant is encouraged to include a copy of the current comprehensive plan underway.)
- Appendix IV: Organizational Structure/Timeline/Staffing Patterns for Safe Schools/Healthy Students Initiative

Appendix V: Other Appendixes that include additional forms and requirements as part of this application submission (forms and requirements in Appendixes D, E, F, and G in this application package—see information below).

- Applicants requesting to use COPS in Schools funds to hire School Resource Officers must complete the forms in Appendix D and include them with the application in an appendix.
- Applicants requesting to use SS/HS grant funds to pay for activities under Element 1 (Safe School Environment); Element 2 (Alcohol and Other Drugs and Violence Prevention and Early Intervention); Element 5 (Educational Reform); and Element 6 (Safe School Policies) must address the requirements of the General Education Provisions Act (GEPA) in Appendix E.
- Applicants requesting to use SS/HS grant funds to pay for activities under Element 2 (Alcohol and Other Drugs and Violence Prevention and Early Intervention); Element 3 (School and Community Mental Health Preventive and Treatment Intervention Services); and Element 4 (Early Childhood Psychosocial and Emotional Development Services) must address the Confidentiality and Participant Protection requirements and coordinate with the Single State Agency Coordination for Mental Health as described in Appendix F.

Contact Information

Questions regarding this application should be directed to the appropriate agency:

Karen Dorsey
Jane Hodgdon
Bryan Williams
Safe and Drug-Free Schools Program
U.S. Department of Education
(202) 260-3954

Michele Bechard (301) 443-6212
Eve Moscicki (301) 443-8816
Center for Mental Health Services
Substance Abuse and Mental Health Services
U.S. Department of Health and Human Services

Kellie Dressler
Susan Brunson

Office of Juvenile Justice and Delinquency Prevention
U.S. Department of Justice
(202) 307-5911

Christine Keyser (202) 616-9196
Dan Lucas (202) 616-2883
Office of Community Oriented Policing Services
U.S. Department of Justice

Audio Teleconferences

The funding agencies will be holding a series of 1-hour audio teleconferences to explain the Initiative in greater detail. Visit the agencies' Websites (www.ed.gov/offices/OESE/SDFS; www.mentalhealth.org; www.samhsa.gov; and www.ojjdp.ncjrs.org or call 1-800-638-8736 for further information. These sessions will focus on eligibility requirements, grant application requirements, and the application review process.

Administrative Requirements for Review and Compliance

Applicable Department of Education Regulations

The Department of Education will be serving as the grant funding agency for the Safe Schools/Healthy Students Initiative. In accordance, the following Education Department General Administrative Regulations (EDGAR) apply to the competition described in this application package:

- (10 34 CFR Part 75 (Direct Grant Programs)
- (20 34 CFR Part 77 (Definitions that Apply to Department Regulations)
- (3) 34 CFR Part 80 (Uniform Administrative Requirements for Grants and Cooperative Agreements with State and Local Governments)

Catalog of Federal Domestic Assistance (CFDA) Number

The Catalog of Federal Domestic Assistance Number, which is required on Standard Form 424, Application for Federal Assistance, is 84.184L, Safe and Drug-Free Schools and Communities Act National Programs - Federal Activities Grants Programs.

Coordination of Federal Efforts

To encourage better coordination among Federal agencies in addressing State and local needs, the U.S. Departments of Education, Health and Human Services, and Justice request applicants to provide information on the following: (1) active Federal grant award(s) supporting this or related efforts, including awards from the U.S. Departments of Education, Health and Human Services, and Justice; (2) any pending application(s) for Federal funds for this or related efforts; and (3) plans for coordinating any funds described in items (1) or (2) with the funding sought by this application. For each Federal award, applicants should include the program or project title, the Federal grantor agency, the amount of the award, and a brief description of its purpose. This information should be included in an appendix.

“Related efforts” is defined for these purposes as one of the following:

- Efforts for the same purpose (i.e., the proposed award would supplement, expand, complement, or continue activities funded with other Federal grants).
- Another phase or component of the same program or project (e.g., to implement a planning effort funded by other Federal funds or to provide a substance abuse treatment or education component within a criminal justice project).

Grant Funds Must Supplement and Not Supplant

Grant funds may not be used to replace State or local funds (or, if applicable, funds provided by the Bureau of Indian Affairs) that would, in the absence of Federal aid, be available or forthcoming for law enforcement. Instead, grant funds must be used to increase the total amount of such other funds used for proposed grant activities. For example, if a grantee, prior to applying for Safe Schools/Healthy Students funds, had committed to purchase 10 new computers for crime analysis, then the grantee must purchase those 10 computers in addition to any computers requested for the grant program. Funds currently allocated to purchase office equipment may not be reallocated to other purposes nor refunded, should a grant be received. Non-Federal funds for such equipment must remain available for and devoted to that purpose, with grant funds serving as a supplement to those non-Federal funds.

The possibility of supplanting will be the subject of careful application review, possible pre-award review, post-award monitoring and audit of any finding. Any supplanting of non-Federal funds with grants is a ground for potential suspension or termination of grant funding, recovery of funds already provided, and other civil or criminal sanctions.

State Single Point of Contact

Executive Order 12372 requires applicants from State and local units of government, or other organizations providing services within a State, to submit a copy of the application to the State Single Point of Contact (SPOC), if one exists and if this program has been selected for review by the State. (Indian Tribal governments are exempt from this review.) The SPOCs are listed in Appendix G. Applicants must contact their State SPOC to determine if the program has been selected for State review. The date that the application was sent to the SPOC or the reason such submission is not required should be entered in block 16 on the SF 424. If the SPOC requires a copy of the application, the applicant should provide that copy and include the original as part of the application package submitted under this Initiative.

Government Audit Requirements

Audits of institutions of higher education and other non-profit institutions must comply with the organizational audit requirements of OMB circular A-133, which states that recipients who expend \$300,000 or more of Federal Funds during their fiscal year, are required to submit an organization-wide financial and compliance audit report within 13 months after the close of each fiscal year during the term of the award to their cognizant Federal agency.

State and local units of governments must comply with the organizational audit requirements of OMB circular A-128, which states that recipients who receive more than \$25,000 of Federal funds during their fiscal year are required to submit an audit report to their cognizant Federal agency. Recipients that receive less than \$25,000 of Federal Funds are exempt from the audit requirements.

Civil Rights and Inclusion of Adequate Representation of Girls and Women and Racial/Ethnic Minority Populations

The Agencies urge applicants to include all populations with cultural- and gender-specific needs—especially racial/ethnic minority groups and girls and women—in the target population if feasible and appropriate.

In general, the composition of the target population should reflect the needs and demographics of the selected target community. Applicants should describe the composition of the project's target population with respect to race/ethnicity and gender and ensure that the project's design, intervention strategies, and staffing are sensitive, appropriate, and competent to address the

special requirements of racial/ethnic minority groups and/or girls and women included in the target population.

When a proposal excludes a racial/ethnic minority group(s) and/or girls and women in the community from the target population, a justification for this action must be included in the application.

In general, when evaluating projects using a common intervention with populations differing by race/ethnicity, gender, or developmental age group, it is important to ascertain whether the intervention is differentially effective for these populations. Such statistical analyses should be done whenever the size of the subpopulation(s) can support such analysis.

All recipients of Federal grant funds are required to comply with nondiscrimination requirements contained in various Federal laws. All applicants should consult the assurances to understand the applicable legal and administrative requirements.

Data Collection Requirements

The Government Performance and Results Act (GPRA) was enacted in 1993 to improve stewardship in the federal government by linking resource and management decisions to program performance. GPRA provides one way of assuring stakeholders that Federal funds invested in programs such as this one are well spent. Therefore, each grantee will be required to participate in the collection of specific GPRA-related data.

Information on the specifics of required data collection will be provided to awardees by the project officer. A minimal set of indicators should include rates for the following: students engaged in alcohol and drug use and violent behavior, weapon carrying in schools, incidents of serious and violent crime in schools, truancy and other unauthorized absences, suicidal behaviors, student suspensions and expulsions, students on probation, students in juvenile justice placements, students in foster care and child protective services, and students with emotional and behavioral disorders. Project-specific objectives with indicators should be established for each project.

Confidentiality and Participant Protection

Applicants and awardees are expected to develop and implement appropriate procedures to address confidentiality and other ethical issues pertinent to the protection of participants in proposed projects. Confidentiality is particularly important in projects because of the illegality of drug use and the potential for stigmatization of participants in drug abuse treatment, treatment of mental illness, and the like. If participants could be exposed to any risk of problems through any failure of the project to keep information about them confidential, the applicant must develop procedures to prevent these risks and describe them in the application.

Applicants and awardees must maintain the confidentiality of alcohol and drug abuse treatment client data in accordance with 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records. These regulations are applicable to information about alcohol and other drug abuse patients obtained by a federally assisted program, as defined in the regulations. Projects that offer treatment for mental illness must maintain confidentiality in accordance with professional standards of practice and applicable law.

Other relevant ethical issues, such as equitable selection of participants and adequacy of care, must also be addressed in the project plans and application. If applicable, project staff must meet State and local licensure and professional accreditation standards in addition to normal professional standards of care and practice. Project directors have direct and continuing responsibility to ensure that participant protection is adequate.

Promoting Nonuse of Tobacco

All grant and contract recipients are strongly encouraged to provide a smoke-free workplace and to promote the nonuse of all tobacco products. In addition, the Pro-Children Act of 1994, Pub. L. No.103–227, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, daycare, healthcare or early childhood development services are provided to children.

Peer Review Process

Applications submitted will be reviewed for technical merit in accordance with specific review procedures established for this Initiative. Applicants that meet all eligibility criteria and submission requirements will be evaluated and rated according to the review criteria outlined below by an Interagency Peer Review Panel that represents the agencies collaborating in this Initiative.

The Agencies participating in this interagency Initiative will use peer review to assess all competitive assistance applications and, on an optional basis, applications for continued funding beyond a program's original project period and noncompetitive awards to uniquely qualified applicants.

Peer review recommendations are advisory and do not bind the Administrators of the participating Agencies to make the recommended decision. However, the Administrators will give full consideration to peer review recommendations in selecting projects for awards.

In special circumstances, a grant application may require a second review. When a second review is required, the Administrators will determine whether the second review panel will include new reviewers, the original reviewers, or a combination of both. Circumstances that might necessitate a second review include but are not limited to the following:

- During the course of a review, prejudiced, misleading, or false information was presented to or used by the Peer Reviewers.
- A procedural error made the review process inconsistent with the program announcement, specific instructions to the applicants, or the competition and peer review regulations of the agencies participating in this interagency Initiative.

Number of Peer Reviewers on Each Panel. A minimum of three Peer Reviewers will review each application.

Peer Reviewer Approval. The Administrators of the Agencies approve qualified consultants to serve as Peer Reviewers for each application or group of applications.

Consultant Pool. Peer reviewers shall be selected from a pool of qualified consultants from each Agency. Any individual with requisite expertise may be selected from the pool with approval of the Administrators of the Agencies. Consultants are subcontractors employed by the Agencies. Consultant experts are continually added to the pool to maintain a wide range of experience; background; and ethnic, gender, and geographic representation.

Ineligibility. Applications will not be accepted for review and will be returned for the following reasons:

- The applicant is not eligible to apply for funds.
- The application is received after the specified receipt date.
- The application is incomplete or insufficient to permit an adequate review. This includes failure to include all of the required signatures (LEA, local law enforcement, local public mental health authority) on the required formal agreements.
- The application is illegible.
- The application exceeds the specified page limitations for the program narrative.
- The application does not conform to the format instructions stated under the “Submitting Your Application” section (see page 22).
- The application is not responsive to the program guidelines.

Appendix A

Frequently Asked Questions

What types of activities can applicants engage in?

Eligible activities for this Initiative may include, but are not limited to, implementing programs such as: nurse home visitation for prenatal and early childhood services for high-risk mothers and their children; family strengthening; conflict resolution; life skills training; school-based drug curricula; staff professional development; after-school activities; mentoring; teen courts and other youth development activities; truancy prevention and alternative education; hiring School Resource Officers (with funds from the COPS); and purchasing equipment and security services. The aforementioned listing is not intended to be exhaustive, but rather illustrative.

Do applicants have to submit separate applications to all the agencies involved in this Initiative?

No. Part of the uniqueness of this initiative is that applicants need submit only one application for funds, regardless of the type of activities being planned.

May I use grant funds to purchase guns, vehicles, and other equipment for School Resource Officers?

Grant funds may not be used to provide equipment for law enforcement officers.

How should I handle program administration costs (e.g. project director's salary, evaluation, supplies, etc.) that are associated with more than one element? Should I simply create extra elements that incorporate all of these costs?

No. Do not create more than six budget summary worksheets – one for each of the six elements. Prorate these costs across the number of elements that you are implementing.

The grant will provide funds for up to three years. Do I need to submit a budget for each project year?

Yes. A budget must be submitted for each proposed project year.

Can a LEA apply on behalf of a consortium of districts?

Yes, if the school district applying on behalf of the consortium meets all application eligibility requirements.

Does each LEA in a consortium need to submit a separate

comprehensive plan, or is it okay to develop the application using the six components as a framework describing what the consortium will do?

There must be a comprehensive plan for each LEA. However each LEA does not need to provide every service - they need to demonstrate how students will access services provided through other mechanisms as part of the comprehensive plan.

The application defines urban/suburban/rural applications based on some definitions by the Census Bureau. How can we determine in which category our district fits?

The National Center for Education Statistics has posted a special web page, the National Public School and School District Locator (<http://nces.ed.gov/ccdweb/school/index.asp>) to help applicants determine which category is applicable to their school district. Please see definitions in Appendix B for further information.

The application requires proof of existing partnership. What type of documentation is acceptable?

To document existing partnerships, an applicant may include in an appendix dated rosters of partnership members, partnership publications, meeting minutes, or a copy of the partnership charter or workplan. Applicants should know that the documentation will be reviewed only to determine the existence of prior partnerships.

How do we know the level of evidence met by the programs we wish to implement under elements 2, 3, and 4?

Levels of evidence are described in Appendix B. Applicants must indicate the evidence level met by the specific programs they are proposing under the elements that address early childhood, violence and substance abuse prevention, and mental health preventive and treatment interventions (elements 2, 3, and 4). Applicants are *not* required to select programs that meet only the highest levels of evidence (e.g., Level I-A or I-B). Some highly regarded, effective programs may not have been tested experimentally, but have established a strong track record through multiple replications with high fidelity and positive effects over time. Applicants must demonstrate that they have examined the potential safety and benefits of each proposed program by indicating the level of evidence met by each program, with an explanation of how a specific program meets the needs of their overall proposed strategy. Appendix H provides a list of resources and documents that include information on specific evidence-based programs and the criteria met by them.

Appendix B

Definitions

Community policing: Community policing is a policing philosophy that promotes and supports organizational strategies to address the causes and reduce the fear of crime and social disorder through problem-solving tactics and community-police partnerships. A fundamental shift from traditional, reactive policing, community policing stresses the prevention of crime before it occurs. Community policing is an integral part of combating crime and improving the quality of life in the Nation's cities, towns, and rural areas. Core components of community policing include partnering with the community; problem solving; and transforming policing agencies to support and empower frontline officers, decentralize command, and encourage innovative problem solving.

Developmentally appropriate: In designing prevention programs, the developmental appropriateness of different intervention strategies must be considered. A key question is whether the intervention takes into account the developmental stage of the child or youth targeted for the intervention by addressing appropriate risk and protective factors. For example, dyadic parent-child training programs may be effective with young children and early adolescents at risk for adopting violent coping strategies, but they are not appropriate or may have negative effects on older adolescents who are seeking independence from parents and who look to peers for approval and status. Likewise, attempting to teach young elementary school children how to deal with peer pressure for engaging in violence or taking drugs is not likely to be effective because they have no understanding of the intense need for peer approval and badges of adult status that emerge with this developmental stage.

Evidence-based: A great deal of progress has been made in recent years in developing and testing promising behavioral intervention strategies for high-risk children, youth, and families. As a result, the scientific knowledge base has grown rapidly, and an array of effective, developmentally appropriate programs is available. Equally important is the availability of information on programs that not only do not work, but can have potentially harmful effects.

The SS/HS Initiative strongly encourages the application of evidence-based preventive, treatment, and other behavioral interventions under the early childhood, violence and substance abuse prevention, and mental health preventive and treatment intervention elements. *Evidence-based* refers to the extent to which an intervention is supported by scientific data to indicate its effectiveness. Evidence-based programs have met high standards of safety, efficacy, and effectiveness, based on the strength of the study design, magnitude of the beneficial effects of the intervention, sustainability of the effects over time, and replications of the benefits across different settings and populations.

The levels of evidence and criteria that are met at each level are explained below. Additional information is available in the Glossary. Information on evidence-based programs, including programs for which there is evidence of negative or harmful effects, can be found at the following web sites:

<http://www.surgeongeneral.gov/library/youthviolence>

<http://www.Colorado.EDU/cspv/blueprints/Default.htm>

<http://www.mentalhealth.org/schoolviolence/programs.htm>

<http://www.ed.gov/offices/OESE/SDFS/programs.html>

Levels of Evidence

Criterion	I-A	I-B	II-A	II-B	III	IV
Randomized controlled trial design	✗					
Quasi-experimental controlled design		✗	✗	✗		
Statistically significant positive effect	✗	✗	✗	✗	✗	
Positive effect sustained for at least one year post intervention	✗	✗		✗		
Positive effect replicated in one or more settings and/or populations	✗	✗	✗		✗	
Opinions of respected authorities						✗

Level I-A: The effectiveness of the program has been established in at least one study using an experimental design in which a sufficient number of subjects have been randomly assigned to either an intervention or a control group. In addition, the outcome of the program shows a statistically significant positive effect, and the effect is sustained for at least 1 year post-intervention. Evidence is stronger if the beneficial effect has been replicated in one or more settings.

Level I-B: Evidence obtained from at least one well-designed quasi-experimental controlled trial without randomization, in which a sufficient number of subjects have been assigned to either an intervention or a comparison group. As in the case of Level I-A, the outcome of the program shows a statistically significant positive effect, the effect is sustained for at least 1 year post-intervention, and the evidence is stronger if the beneficial effect has been replicated in one or more settings.

Level II-A: Evidence obtained using an experimental or quasi-experimental design, the outcome shows a significant positive effect, and the beneficial effect has been replicated in at least one setting.

Level II-B: Evidence obtained using an experimental or quasi-experimental design, the outcome shows a significant positive effect, and the beneficial effect has been sustained for at least one year.

Level III: Evidence obtained over time from strong and replicated results in studies with no

control group.

Level IV: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

Applicants must indicate the evidence level met by the specific programs proposed under the elements that address early childhood, violence and substance abuse prevention, and mental health preventive and treatment interventions. Applicants are *not* required to select programs that meet only the highest levels of evidence (e.g., Level I-A or I-B). Some highly regarded, effective programs may not have been tested experimentally, but have established a strong track record through multiple replications with high fidelity and positive effects over time. Applicants must demonstrate that they have examined the potential safety and benefits of each proposed program by indicating the level of evidence met by each program, with an explanation of how a specific program meets the needs of their overall proposed strategy. Appendix H provides a list of resources that include information on specific evidence-based programs and the criteria met by them.

Local educational agency: (a) A public board of education or other public authority legally constituted within a State for either administrative control of or direction of, or to perform service functions of, public elementary or secondary schools in: (1) a city, county, township, school district, or other political subdivision of a State; or (2) a combination of school districts or counties a State recognizes as an administrative agency for its public elementary or secondary schools; or (b) any other public institution or agency that has administrative control and direction of a public elementary or secondary school. As used in the 34 CFR parts 400, 408, 525, 526, and 527 (vocational education programs), the term also includes any other public institution or agency that has administrative control and direction of a vocational education program.

Prevention: Reduction of risk of onset, or delay of onset, of an adverse health, mental health, or other outcome. Prevention interventions can be characterized as *universal, selective, or indicated*, based on the level of risk associated with the groups or individuals for which the intervention is intended. Successful prevention interventions may reduce risk of onset, or they may delay onset, of negative outcomes. Preventive interventions may also include treatment interventions intended to reduce risk of comorbidity, attenuate severity of illness, or prevent relapse of episodic disorders in diagnosed populations.

Protective factor: Characteristics, variables, and/or conditions present in individuals or groups that increase resistance to risk and fortify against the development of a disorder or adverse outcome. Both protective and risk factors can vary over time.

Risk factor: Characteristics, variables, and/or hazards present in an individual or group that increase the likelihood of that individual or group developing a disorder or adverse outcome. Since both the potency and clustering of risk and protection can vary over time and developmental periods, successful, developmentally appropriate prevention interventions take

this variation into account.

Rural*: A rural area is defined as:

- (a) large town—an incorporated place or a Census-designated place (CDP) with a population of at least 25,000 and located outside a consolidated metropolitan statistical area (CMSA) or metropolitan statistical area (MSA);
- (b) small town—an incorporated place or CDP with a population between 2,500 and 24,999 and located outside a CMSA or MSA;
- (c) any incorporated place, CDP, or non-place territory designated as rural by the U.S. Bureau of the Census.

School resource officer: A career law enforcement officer, with sworn authority, deployed in community-oriented policing, and assigned by the employing police department or agency to work in collaboration with schools and community-based organizations to: (a) address crime and disorder problems, gangs, and drug activities affecting or occurring in or around an elementary or secondary school; (b) develop or expand crime prevention efforts for students; (c) educate likely school-age victims in crime prevention and safety; (d) develop or expand community justice initiatives for students; (e) train students in conflict resolution, restorative justice, and crime awareness; (f) assist in the identification of physical changes in the environment that may reduce crime in or around the school; and (g) assist in developing school policy that addresses crime and to recommend procedural changes.

Social marketing: Social marketing is a concept that differs from conventional "marketing" techniques. In social marketing, the objectives of the marketer are not focused on a product, but seek to use the core principles of marketing to influence social behaviors rather than to benefit the marketer. The beneficiaries of social marketing should be the "target audience" and the community served by the grant, and should ultimately enhance the public health and wellbeing of the community.

Suburban*: A suburban area is defined as:

- (a) urban fringe of a large city—any incorporated place, Census-designated place (CDP), or non-place territory within a consolidated metropolitan statistical area (CMSA) or metropolitan statistical area (MSA) of a large city and defined as urban by the U.S. Bureau of Census;
- (b) urban fringe of a midsize city—any incorporated place, CDP, or non-place within a CMSA or MSA of a midsize central city and defined as urban by the U.S. Bureau of the Census.

Urban*: An urban area is defined as:

(a) large city—a central city of a metropolitan statistical area (MSA) or consolidated MSA (CMSA) with a population of at least 250,000;

(b) midsize city—central city of an MSA or CMSA with a population less than 250,000.

**Note: The definitions of rural, suburban, and urban are based upon school locale codes utilized by the National Center for Education Statistics Common Core Data (CCD) Public School Universe Data Information. The Geography Division, Bureau of the Census systematically assigned these locale codes. Codes were assigned based on the classification of the place in which each district is located. This was done by matching addresses from the CCD School Universe Survey to the U.S. Census Bureau's City Reference File.*

Appendix C

Standard Application Forms

Appendix D

Office of Community Oriented Policing Services (COPS) Application Forms

Appendix E

U. S. Department of Education Special Requirements

General Education Provisions Act (GEPA)

General Education Provisions Act (GEPA) section 427 affects applicants for new discretionary grant awards under this program. All applicants for new awards must include information in their applications to address this new provision, summarized below, to receive funding.

Requirements

Section 427 requires each applicant for funds (other than an individual person) to include in its application a description of the steps the applicant proposes to take to ensure equitable access to, and participation in, its federally assisted program for students, teachers, and other program beneficiaries with special needs.

This section allows applicants discretion in developing the required description. The statute highlights six types of barriers that can impede equitable access or participation that you may address: *gender, race, national origin, color, disability, or age*. Based on local circumstances, you can determine whether these or other barriers may prevent your students, teachers, and so forth, from equitable access or participation. Your description need not be lengthy; you may provide a clear and succinct description of how you plan to address those barriers that are applicable to your circumstances. In addition, the information may be provided in a single narrative, or if appropriate, may be discussed in connection with related topics in the application.

A general statement of an applicant's nondiscriminatory policy is not sufficient to meet this requirement. Applicants must identify potential barriers and explain steps they will take to overcome these barriers.

Section 427 is not intended to duplicate the requirements of civil rights statutes, but rather to ensure that, in designing their projects, applicants for Federal funds address equity concerns that may affect the ability of certain potential beneficiaries to fully participate in the project and to achieve to high standards. Consistent with program requirements and its approved application, an applicant may use the awarded Federal funds to eliminate barriers it identifies.

Examples

The following examples may help illustrate how an applicant may comply with section 427:

- (1) An applicant that proposes to carry out an adult literacy project serving, among others, adults with limited English proficiency, might describe in its application how it intends to distribute a brochure about the proposed project to such potential participants in their native languages.
- (2) An applicant that proposes to develop instructional materials for classroom use might describe how it will make the materials available on audiotape or in braille for students who are blind.

(3) An applicant that proposes to carry out a model science program for secondary students and is concerned that girls may be less likely than boys to enroll in the course might indicate how it tends to conduct outreach efforts to girls to encourage their enrollment.

We recognize that many applicants may already be implementing effective steps to ensure equity of access and participation in their grant programs, and we appreciate your cooperation in responding to the requirements of this provision.

Estimated Burden Statement for GEPA Requirements

The time required to complete this information collection is estimated to vary from 1 to 3 hours per response, with an average of 1.5 hours, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651.

Appendix F

U.S. Department of Health and Human Services Special Requirements

Confidentiality and Participant Protection

The information provided in this section will be used to determine whether the level of protection of participants appears adequate or whether further provisions are needed. Adequate protection of participants is an essential part of an application and will be considered in funding decisions.

Projects proposed under this announcement may expose participants to risks in as many ways as projects can differ from each other. Applicants should report in an appendix to their application any foreseeable risks for project participants and the procedures developed to protect participants from those risks, as set forth below. Applicants should discuss how each element will be addressed or why it does not apply to the project.

Protection from Potential Risks

- (a) Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects, besides the confidentiality issues addressed below, that are due to (i) participation in the project itself, or (ii) the evaluation activities.
- (b) If appropriate, describe alternative treatments and procedures that might be advantageous to the subjects and the rationale for their nonuse.
- (c) Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.
- (d) If appropriate, specify plans to provide needed professional intervention in the event of adverse effects to participants.

Equitable Selection of Participants

Target population(s):

Describe the sociodemographic characteristics of the target population(s) for the proposed project, including age, gender, racial/ethnic composition, and other distinguishing characteristics (e.g., homeless youth, foster children, children of substance abusers, or other special population groups).

Recruitment and Selection

- (a) Specify the criteria for inclusion or exclusion of participants and explain the rationale for these criteria.
- (b) Explain the rationale for the use of special classes of subjects, who are likely to be vulnerable.

(c) Summarize the recruitment and selection procedures, including the circumstances under which participation will be sought and who will seek it.

Absence of Coercion

Explain whether participation in the project is voluntary or mandatory. Identify any potentially coercive elements that may be present.

Appropriate Data Collection:

(a) Identify from whom data will be collected (e.g., participants, family members, teachers) and by what means or sources (e.g., school records, personal interviews, written questionnaires, psychological assessment instruments, observation).

(b) Identify the form of records or data. Indicate whether the material or data will be obtained specifically for evaluative purposes or whether use will be made of existing records or data. Also, if appropriate, describe the provisions for monitoring the data to ensure the safety of subjects.

(c) Provide in appendix IV of the application copies of all available data collection instruments and interview protocols that will be used.

Privacy and Confidentiality

Specify the procedures that will be implemented to ensure privacy and confidentiality, including by whom and how data will be collected, procedures for administration of data collection instruments, where data will be stored, who will and will not have access to information, and how participants' identities will be safeguarded (e.g., through the use of a coding system on data records, limiting access to records, storing identifiers separately from data).

Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records in accordance with the provisions of title 42 of the Code of Federal Regulations, part 2 (42 CFR, pt. 2).

Adequate Consent Procedures

(a) Specify what information will be provided to participants regarding the nature and purpose of their participation; the voluntary nature of their participation; their right to withdraw from the project at any time, without prejudice; anticipated use of data; procedures for maintaining confidentiality of the data; potential risks; and procedures that will be implemented to protect participants against these risks.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, awardees may be required to obtain *written* informed consent.

(b) Indicate whether it is planned to obtain informed consent from participants and/or their parents or legal guardians, and describe the method of documenting consent. For example: Are consent forms read to individuals? Are prospective participants questioned to ensure they understand the forms? Are they given copies of what they sign?

(c) Indicate whether separate consents will be obtained for different stages or aspects of the project and whether consent for the collection of evaluative data will be required for participation in the project itself. For example, will separate consent be obtained for the collection of evaluation data in addition to the consent obtained for participation in the intervention, treatment, or services project itself? Will individuals not consenting to the collection of individually identifiable data for evaluative purposes be permitted to participate in the project?

Risk/Benefit Discussion

Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

Single State Agency Coordination for Mental Health

Applicants that include a mental health component must ensure coordination with the Single State Agency (SSA) for mental health as required under section 501(d)(13)(B) of the Public Health Service Act to help ensure communication, reduce duplication, and facilitate continuity. Applicants must send a letter to the SSA that briefly describes the project. The copy should be included in an appendix of the application, entitled Letter to SSA. The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent **no later than 60 days** after the deadline date for the receipt of applications to:

Division of Extramural Activities, Policy, and Review (DEAPR)
Substance Abuse and Mental Health Services Administration
Parklawn Building, Room 17-89
5600 Fishers Lane
Rockville, MD 20857
Attn: SSA - CFDA No. 84-184L

Applicants may request that the SSA send them a copy of any State comments. A listing of SSAs can be found in Appendix G.

Appendix G

Contact Lists

OMB State Single Points of Contact

It is estimated that in 2001, the Federal Government will outlay \$305.6 billion in grants to State and local governments. Executive Order 12372, "Intergovernmental Review of Federal Programs," was issued with the desire to foster the intergovernmental partnership and strengthen federalism by relying on State and local processes for the coordination and review of proposed Federal financial assistance and direct Federal development. The Order allows each State to designate an entity to perform this function. Below is the official list of those entities. States that are not listed have chosen not to participate in the intergovernmental review process, and therefore do not have a Single Point of Contact. If you are located within one of these States, you may still send application materials directly to a Federal awarding agency.

Arkansas

Tracy L. Copeland, Manager
State Clearinghouse
Office of Intergovernmental Services
Department of Finance and Administration
1515 West Seventh Street, Room 412
Little Rock, AR 72203
501-682-1074
501-682-5206 (fax)
tlcopeland@dfa.state.ar.us

California

Grants Coordination
State Clearinghouse
Office of Planning and Research
P.O. Box 3044, Room 222
Sacramento, CA 95812-3044
916-445-0613
916-323-3018 (fax)
state.clearinghouse@opr.ca.gov

Delaware

Charles H. Hopkins
Executive Department
Office of the Budget
540 South DuPont Highway, Third Floor
Dover, DE 19901
302-739-3323
302-739-5661 (fax)
chopkins@state.de.us

Ron Seldon

Office of Grants Management and Development
717 14th Street NW., Suite 1200
Washington, DC 20005
202-727-1705
202-727-1617 (fax)
ogmd-ogmd@dcgov.org

Florida

Cherie L. Trainor
Florida State Clearinghouse
Department of Community Affairs
2555 Shumard Oak Boulevard
Tallahassee, FL 32399-2100
850-922-5438 or 850-414-5495
850-414-0479 (fax)
cherie.trainor@dca.state.fl.us

Georgia

Georgia State Clearinghouse
270 Washington Street SW.
Atlanta, GA 30334
404-656-3855
404-656-7901 (fax)
gach@mail.opb.state.ga.us

Guam

Director
Bureau of Budget and Management Research
Office of the Governor
P.O. Box 2950
Agana, GU 96910
011-671-472-2285
011-671-472-2825
jer@ns.gov.gu

District of Columbia

Illinois

Virginia Bova
Department of Commerce and Community Affairs
James R. Thompson Center
100 West Randolph Street, Suite 3-400
Chicago, IL 60601
312-814-6028
312-814-8485 (fax)
vbova@commerce.state.il.us

Iowa

Steven R. McCann
Division of Community and Rural Development
Iowa Department of Economic Development
200 East Grand Avenue
Des Moines, IA 50309
515-242-4719
515-242-4809 (fax)
steve.mccann@ided.state.ia.us

Kentucky

Ron Cook
Department for Local Government
1024 Capital Center Drive, Suite 340
Frankfort, KY 40601
502-573-2382
502-573-2512 (fax)
ron.cook@mail.state.ky.us

Maine

Joyce Benson
State Planning Office
184 State Street
38 State House Station
Augusta, ME 04333
207-287-3261 or 207-287-1461
207-287-6489 (fax)
joyce.benson@state.me.us

Maryland

Linda Janey, Manager
Clearinghouse and Plan Review Unit
Maryland Office of Planning
301 West Preston Street, Room 1104
Baltimore, MD 21201-2305
410-767-4490
410-767-4480 (fax)
linda@mail.op.state.md.us

Michigan**New Mexico**

Richard Pfaff
Southeast Michigan Council of Governments
660 Plaza Drive, Suite 1900
Detroit, MI 48226
313-961-4266
313-961-4869 (fax)
pfaff@semcog.org

Mississippi

Cathy Mallette
Clearinghouse Officer
Department of Finance and Administration
303 Walters Sillers Building
550 High Street
Jackson, MS 39201-3087
601-359-6762
601-359-6758 (fax)

Missouri

Lois Pohl
Federal Assistance Clearinghouse
Office of Administration
Jefferson Building, Room 915
P.O. Box 809
Jefferson City, MO 65102
573-751-4834
573-522-4395 (fax)
pohl_l_@mail.oa.state.mo.us

Nevada

Heather Elliott
Department of Administration
State Clearinghouse
209 East Musser Street, Room 200
Carson City, NV 89701
755-684-0209
755-684-0260 (fax)
helliott@govmail.state.nv.us

New Hampshire

Jeffrey H. Taylor, Director
New Hampshire Office of State Planning
Attn: Intergovernmental Review Process, Mike Blake
2½ Beacon Street
Concord, NH 03301
603-271-2155
603-271-1728 (fax)
jtaylor@osp.state.nh.us

Ken Hughes

Local Government Division
Bataan Memorial Building, Room 201
Santa Fe, NM 87503
505-827-4370
505-827-4948 (fax)
khughes@dfa.state.nm.us

North Carolina

Jeanette Furney
Department of Administration
1302 Mail Service Center
Raleigh, NC 27699-1302
919-807-2323
919-733-9571 (fax)
jeanette.furney@ncmail.net

North Dakota

James Boyd
Division of Community Services
600 East Boulevard Avenue, Department 105
Bismark, ND 58505-0170
701-328-2094
701-328-2308 (fax)
jboyd@state.nd.us

Northern Mariana Islands

Jacoba T. Seman
Federal Programs Coordinator
Office of Management and Budget
Office of the Governor
Saipan, MP 96950
011-670-664-2289
011-670-644-2272 (fax)
omb.jseman@saipan.com

Puerto Rico

Jose Caballero/Mayra Silva
Puerto Rico Planning Board
Federal Proposals Review Office
Minillas Government Center
P.O. Box 41119
San Juan, PR 00940-1119
787-723-6190
787-722-6783 (fax)

Rhode Island

Kevin Nelson

West Virginia

Fred Cutlip, Director

Department of Administration
Statewide Planning Program
One Capitol Hill
Providence, RI 02908-5870
401-222-2093
401-222-2083 (fax)
knelson@doa.state.ri.us

South Carolina

Omeagia Burgess
Office of State Budget
Budget and Control Board
1122 Ladies Street, 12th Floor
Columbia, SC 29201
803-734-0494
803-734-0645 (fax)
aburgess@budget.state.sc.us

Texas

Denise S. Francis, Director
State Grants Team
Governor's Office of Budget and Planning
P.O. Box 12428
Austin, TX 78711
512-305-9415
512-936-2681 (fax)
dfrancis@governor.state.tx.us

Utah

Carolyn Wright
Utah State Clearinghouse
Governor's Office of Planning and Budget
State Capitol, Room 114
Salt Lake City, UT 84114
801-538-1535
801-538-1547 (fax)
cwright@gov.state.ut.us

Virgin Islands

Ira Mills, Director
Office of Management and Budget
#41 Norregade Emancipation Garden Station, Second
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Appendix H

Resources

The organizations and resources listed are not exhaustive, nor is their inclusion intended as an endorsement by the U.S. Departments of Education, Health and Human Services, and Justice. Rather, these listings are intended to assist schools and communities in developing and enhancing comprehensive school safety plans.

Federal Resources

U.S. Department of Education

400 Maryland Avenue SW.
Washington, DC 20202
www.ed.gov

Safe and Drug-Free Schools Program

www.ed.gov/offices/OESE/SDFS

The Safe and Drug-Free Schools Program is the Federal government's primary vehicle for reducing drug, alcohol, and tobacco use, and violence, through education and prevention activities in our Nation's schools.

Office of Special Education Programs (OSEP)

www.ed.gov/offices/OSERS/OSEP/index.html

OSEP provides leadership and fiscal resources to assist State and local efforts to educate children with disabilities in order to improve results for those children and to ensure equal protection of the law.

Office of Correctional Education (OCE)

www.ed.gov/offices/OVAE/OCE/index.html

In April 1991, the U.S. Department of Education created a new office to provide national leadership on issues in correctional education. OCE provides technical assistance to States, local schools, and correctional institutions and shares information on correctional education.

Regional Education Laboratories

http://www.ed.gov/prog_info/Labs/

The Regional Educational Laboratory Program is the U.S. Department of Education's largest research and development investment designed to help educators, policy makers, and communities improve schools and help all students attain their full potential. Administered by the Office of Educational Research and Improvement (OERI), the network of 10 Regional Laboratories works to ensure that those involved in educational improvement at the local, state and regional levels have access to the best available research and knowledge from practice.

U.S. Department of Justice

950 Pennsylvania Ave NW.

Washington, DC 20530-0001
www.usdoj.gov

Office of Juvenile Justice and Delinquency Prevention (OJJDP)

www.ojjdp.ncjrs.org

OJJDP's mission is to provide national leadership, coordination, and resources to develop, implement, and support effective methods of preventing juvenile victimization and responding appropriately to juvenile delinquency. This is accomplished through prevention programs and a juvenile justice system that protects the public safety, holds juvenile offenders accountable, and provides treatment and rehabilitative services based on the needs of each juvenile.

Office of Community Oriented Policing Services (COPS)

www.usdoj.gov/cops

Established under the Public Safety Partnership and Community Policing Act of 1994, COPS has four primary goals: increase the number of community policing officers on the beat by 100,000; promote the implementation of department-wide community policing in law enforcement agencies across the country; help develop an infrastructure that will institutionalize and sustain community policing after Federal funding has ended; and demonstrate and evaluate the ability of agencies practicing community policing to significantly improve the quality of life by reducing the levels of violence, crime, and disorder in their communities.

Office of Community Dispute Resolution

www.usdoj.gov/cdr/index.html

The Office of Community Dispute Resolution (CDR) was established in 1999 to promote the use of community dispute resolution and to coordinate the range of conflict resolution activities undertaken by the Department of Justice. CDR encourages the use of conflict resolution approaches to resolve disputes involving schools, police, courts, and communities.

National Criminal Justice Reference Service (NCJRS)

www.ncjrs.org

NCJRS is one of the most extensive sources of information on criminal and juvenile justice in the world, providing services to an international community of policymakers and professionals. NCJRS is a collection of clearinghouses supporting all bureaus of the U.S. Department of Justice, Office of Justice Programs (OJP): the National Institute of Justice; OJJDP; the Bureau of Justice Statistics; the Bureau of Justice Assistance; the Office for Victims of Crime, and the OJP Program Offices.

U.S. Department of Health and Human Services

200 Independence Avenue SW.
Washington, DC 20201

www.hhs.gov

Substance Abuse and Mental Services Administration (SAMHSA)

www.samhsa.gov

SAMHSA's mission within the Nation's health system is to improve the quality and availability of prevention, treatment, and rehabilitation services to reduce illness, death, disability, and cost to society from substance abuse and mental illnesses.

Center for Mental Health Services (CMHS)

www.mentalhealth.org

CMHS, a SAMHSA program, provides national leadership to prevent and treat mental disorders; improve access and promote high-quality services for people with, or at risk for, these disorders; and promote improvement of mental health for all Americans and rehabilitation services for individuals with mental illness.

Center for Substance Abuse Prevention (CSAP)

www.samhsa.gov/csap/index.htm

CSAP, a SAMHSA program, provides national leadership in the Federal effort to prevent alcohol, tobacco, and illicit drug problems.

National Institute of Mental Health (NIMH)

www.nimh.nih.gov

NIMH conducts and supports research nationwide on mental illness and mental health, including studies of the brain, behavior, and mental health services. NIMH is the foremost mental health research organization in the world, with a mission dedicated to improving the mental health of the American people; fostering better understanding of effective diagnosis, treatment, and rehabilitation of mental and brain disorders; and supporting research on interventions to prevent mental illness or to reduce the frequency of recurrent episodes of mental illnesses and their disabling consequences.

Centers for Disease Control and Prevention, Division of Adolescent and School Health (DASH)

www.cdc.gov/nccdphp/dash

DASH's mission is to: identify the highest priority health risks among youth, monitor the incidence and prevalence of those risks, implement national programs to prevent risks, and evaluate and improve those programs.

Centers for Disease Control and Prevention, Division of Violence Prevention

www.cdc.gov/ncipc/dvp/dvp.htm

The Division of Violence Prevention in CDC's National Center for Injury Prevention and Control has four priority areas for violence prevention: youth violence, family and intimate violence, suicide, and firearm injuries.

Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCBH)

www.hhs.gov/hrsa/mchb

MCBH is charged with the primary responsibility for promoting and improving the health of the Nation's mothers and children, including families with low income levels, those with diverse racial and ethnic heritages, and those living in rural or isolated areas without access to care.

Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)

www.bphc.hrsa.dhhs.gov

BPHC promotes and establishes school-based health centers as an effective way to improve the health of vulnerable children and adolescents.

Head Start

www.acf.dhhs.gov/programs/hsb

Head Start and Early Head Start are comprehensive child development programs which serve children from birth to age 5, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families. The Head Start program is administered by the Head Start Bureau and the Administration for Children and Families (ACF), Department of Health and Human Services (HHS). Grants are awarded by the ACF Regional Offices and the Head Start Bureau's American Indian and Migrant Program Branches directly to local public agencies, private organizations, Indian Tribes and school systems for the purpose of operating Head Start programs at the community level.

Online Federal Documents

Annual Reports on School Safety, 1998-2000

www.ed.gov/offices/OESE/SDFS/publications.html

Details the nature and scope of school violence and provides information on model programs, resources, and steps that schools and communities can take to create and maintain safe learning environments.

Child Development—Community Policing: Partnership in a Climate of Violence

www.ncjrs.org/jjdp.htm

Describes a unique collaborative program between the New Haven, CT Department of Police Services and the Child Study Center at the Yale University School of Medicine that addresses the psychological impact of chronic exposure to community violence on children and families. This program serves as a national model for police-mental health partnerships across the country.

Combating Fear and Restoring Safety in Schools

www.ncjrs.org/jjvict.htm

Focuses on the national effort to reach youth who are absent or truant from school because of school-associated fear and intimidation.

Conflict Resolution Education: A Guide to Implementing Programs in Schools, Youth-Serving Organizations, and Community and Juvenile Justice Settings

www.ncjrs.org/jjdp.htm

Provides a reference tool that offers both basic information and experts' experience to assist educators and other youth-serving professionals in building effective conflict resolution education programs. The guide is based on a shared vision that youth of all ages can learn to deal constructively with conflict and live in civil association with one another.

Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda

<http://www.surgeongeneral.gov/cmh>

Outlines goals and strategies to improve the services for children and adolescents with mental health problems and their families.

Early Warning, Timely Response: A Guide to Safe Schools

www.ed.gov/offices/OSERS/OSEP/earlywrn.html

Offers research-based practices designed to assist school communities identify warning signs early and develop prevention, intervention, and crisis response plans.

Safeguarding Our Children: An Action Guide: Implementing Early Warning, Timely Response

www.ed.gov/offices/OSERS/OSEP/ActionGuide

Provides information for schools on how to develop and carry out a violence prevention and response plan that can be customized to fit each school's particular strengths. The guide presents strategies that schools have used successfully to create and implement violence prevention plans, provides examples of sound practices and programs, and offers suggestions on recognizing, reporting, and using early warning signs effectively.

Keeping Young People in School: Community Programs that Work

www.ncjrs.org/jjdp.htm

Highlights dropout prevention initiatives, with a particular focus on the Communities in Schools (CIS) initiative and its evaluation conducted by the Urban Institute.

Manual to Combat Truancy

www.ed.gov/pubs/Truancy

Offers parents, school officials, law enforcement agencies, and communities a set of principles to design their own strategies to combat truancy and describes successful models of how anti-truancy initiatives are working in communities across the nation.

Mentoring—A Proven Delinquency Prevention Strategy

www.ncjrs.org/jjdp.htm

Presents the results of an independent evaluation of the Nation's oldest and largest mentoring program, Big Brothers/Big Sisters of America. The study found that mentored youth were less likely to start using drugs or alcohol, were less assaultive, skipped fewer days of school, and had better relationships with their parents and peers than similar youth without mentors.

Preventing Crime: What Works, What Doesn't, What's Promising

www.ncjrs.org

Contains a review of more than 500 program impact evaluations and identifies what works, what does not, and what is promising in crime prevention.

Reaching Out to Youth Out of the Education Mainstream

www.ncjrs.org/jjdp.htm

Describes a new effort to reduce the number of juveniles who leave school prematurely and who are at risk of delinquency because they are truants or dropouts, afraid to attend school, suspended or expelled, or in need of help to be reintegrated into their mainstream school from the juvenile justice system. This Bulletin introduces a series of OJJDP Bulletins focusing on effective programs and innovative strategies to reach these children.

Safe, Drug-Free, and Effective Schools for All Students: What Works

www.air-dc.org/cecp/resources/safe&drug_free.main.htm

Evaluates programs funded under the Safe and Drug-Free Schools and Communities Act. The goal of the project was to learn about schools that managed to reduce discipline problems and improve the learning and behavior of all students, including those with disabilities. This report reflects three site visits conducted by a research team accompanied by expert panels.

Safe and Smart: Making the After-School Hours Work for Kids

www.ed.gov/pubs/SafeandSmart

Presents positive research and examples illustrating the potential of quality after-school activities to keep children safe, out of trouble, and learning. Specifically, it presents evidence of success -- both empirical and anecdotal -- for afterschool activities; identifies key components of high-quality programs and effective program practices; and showcases exemplary afterschool and extended learning models from across the country with promising results in our Nation's efforts to keep children in school and on track.

Sharing Information: A Guide to the Family Educational Rights and Privacy Act and Participation in Juvenile Justice Programs

www.ncjrs.org/jjgen.htm

Provides basic information on the Family Educational Rights and Privacy Act (FERPA) for elementary and secondary education professionals and those involved in the delivery of services to juveniles, including students involved in the juvenile justice system.

Truancy: First Step to a Lifetime of Problems

www.ncjrs.org/jjdp.htm

Discusses truancy as a major problem in this country, both for youth and society. Highlights seven communities whose truancy reduction programs are achieving good results through innovative approaches that involve schools, law enforcement, families, businesses, judicial and social service agencies, and community and youth service organizations.

Violence After School

www.ncjrs.org/pdffiles1/ojjdp/178992.pdf

Describes the time patterns of crimes committed by juveniles, which tend to peak in the hours immediately after the close of school. In addition, it presents data on the time distribution of violent crimes against juveniles, which also occur most frequently during the after-school hours.

Youth Violence: A Report of the Surgeon General

<http://www.surgeongeneral.gov/library/youthviolence>

Reviews a massive body of research on where, when, and how much youth violence occurs, what causes it, and which of today's many preventive strategies are genuinely effective. Provides information on effective programs, as well as programs shown to be ineffective. Like other reports from the Surgeon General, this report reviews existing knowledge to provide scientifically derived bases for action at all levels of society.

Websites

Safe Schools/Healthy Students Action Center

www.sshsac.org

The Safe Schools/Healthy Students Action Center works to assist Federal Safe Schools/Healthy Students and School Action grantees to fully attain their goals of interagency collaboration and adoption of evidence-based practices to reduce school violence and substance abuse, and to promote healthy development and resiliency. The Action Center also works to provide other local educational agencies, communities, and families with access to resources and materials to enhance their ability to undertake collaborative efforts to prevent school violence and enhance resiliency.

National Resource Center for Safe Schools

www.safetyzone.org

The National Resource Center for Safe Schools works with schools, communities, and State and local educational agencies to create safe learning environments and prevent school violence. The National Resource Center for Safe Schools is operated by the Northwest Regional Educational Laboratory and was established with funding from the U.S. Department of Education's Safe and Drug-Free School Program and the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention.

Hamilton Fish National Institute on School and Community Violence

www.hamfish.org

The Institute, with assistance from the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention, was founded in 1997 to serve as a national resource to test the effectiveness of school violence prevention methods and to develop more effective strategies. The Institute's goal is to determine what works and what can be replicated to reduce violence in America's schools and their immediate communities.

Blueprints for Violence Prevention

www.colorado.edu/cspv/blueprints

The Center for the Study and Prevention of Violence (CSPV), with funding from the Colorado Division of Criminal Justice and the Centers for Disease Control and Prevention (and later from the Pennsylvania Commission on Crime and Delinquency), initiated a project to identify 10 violence prevention programs that met a very high scientific standard of program effectiveness—programs that could provide an initial nucleus for a national violence prevention initiative. Blueprints were designed to be very practical descriptions of effective programs to allow States,

communities, and individual agencies to: (1) determine the appropriateness of an intervention for their State or community; (2) provide a realistic cost estimate for this intervention; (3) provide an assessment of the organizational capacity needed to ensure its successful start-up and operation over time; and (4) give some indication of the potential barriers and obstacles that might be encountered when attempting to implement this type of intervention.

The Oregon Social Learning Center

www.oslc.org

The Oregon Social Learning Center (OSLC) is a non-profit, independent research center located in Eugene/Springfield, Oregon dedicated to finding ways to help children and parents as they cope with the day-to-day problems that arise during life in the 1990's. Since 1990, OSLC has also served as a National Institute of Mental Health Prevention Research Center. OSLC's research focuses primarily on factors related to the family, peer group and school experience which contribute to healthy social adjustment in key settings, including the home, school, and the community during childhood, and the workplace, intimate relationships and parenthood during adulthood.

The Fast Track Project

www.fasttrackproject.org

Fast Track is a comprehensive, multi-site intervention designed to prevent serious and chronic antisocial behavior in a sample of children selected as high-risk at school entry because of their conduct problems in kindergarten and home. The intervention is guided by a developmental theory positing the interaction of multiple influences on the development of antisocial behavior. Low-income, high-crime communities place stressors and influences on children and families that increase their risk levels. In such contexts, families characterized by marital conflict and instability make consistent and effective parenting difficult to achieve, particularly with children who are impulsive and of difficult temperament. This developmental model suggested a prevention strategy for high-risk children with particularly intensive interventions during the transitions at school entry and from elementary to middle school.

The National Longitudinal Study of Adolescent Health (Add Health)

www.cpc.unc.edu/projects/addhealth/addhealth_home.html

Add Health is a school-based study of the health-related behaviors of adolescents in grades 7-12. It has been designed to explore the causes of these behaviors, with an emphasis on the influence of social context. Add Health postulates that families, friends, schools, and communities play roles in the lives of adolescents that may encourage healthy choices of activities or may lead to unhealthy, self-destructive behaviors.

Law-Related Education

www.abanet.org/publiced/youth/youth.html

Law-related education (LRE) teaches elementary and secondary students about the foundations of our constitutional republic and their responsibilities and rights as citizens. Through law-related education, students develop unique insights that promote social responsibility, reaffirm the fundamental values of right and wrong, and inspire a commitment to good citizenship. LRE programs which have been demonstrated to be effective, can be integrated into existing courses (e.g., government, civics, and history), offered as electives (e.g., high school practical law course), used as the focus of a special event (e.g., mock trial competition, mock congressional hearings, mock mediations, etc.), and/or used as components of an afterschool program. Specialized LRE programs have been developed and tested with the highest at-risk groups of youth including gang members, teen parents, and youth already in the juvenile justice system. LRE programs exist at the local (school), statewide, and national level. These programs recognize the need for partnerships with law enforcement, the bar, the bench, and others.

National Youth Gang Center

www.iir.com/nygc

The purpose of the National Youth Gang Center (NYGC) is to expand and maintain the body of critical knowledge about youth gangs and effective responses to them. The NYGC assists State and local jurisdictions in the collection, analysis, and exchange of information on gang-related demographics, legislation, literature, research, and promising program strategies. It also coordinates activities of OJJDP Youth Gang Consortium, a group of Federal agencies, gang program representatives, and service providers.

Partnerships Against Violence Network

www.pavnet.org

PAVNET Online is a virtual library of information about violence and youth-at-risk, representing data from seven different Federal agencies. It is a one-stop, searchable, information resource to help reduce redundancy in information management and provide clear and comprehensive access to information for communities.

School Mental Health Project/Center for Mental Health in Schools (UCLA)

www.smhp.psych.ucla.edu

The Center's mission is to improve outcomes for youth by enhancing policies, programs, and practices relevant to mental health in schools, with specific attention to strategies that can counter fragmentation and enhance collaboration between school and community programs.

National Association for Community Mediation

www.nafcm.org

The purpose of the National Association for Community Mediation is to support the maintenance

and growth of community-based mediation programs and processes, to present a voice in appropriate policy-making, legislative, professional, and other arenas, and to encourage the development and sharing of resources for these efforts.